Investment Direction Form

Public Employees' Retirement Fund

State Form 48970 (R1/6-99) Approved by the State Board of Accounts 1998

ember's Name: First, Middle, (Maiden), Last		Member's Social Security Number		
ember's Address: Street	City		State ZIP	
You have the right to change your investmer Savings Account. However, you may do so onext calendar quarter (January 1, April 1, Juprior to the date it is to take effect. If you leavyou still retain the right to direct the investments form revokes and replaces all previousled directions and the percentages must total 10 of 10%. This form must be signed in order to Your investment options can only be changed. Public Employees' Retirement Functions and the percentages must total 10 of 10%. This form must be signed in order to Your investment options can only be changed. Public Employees' Retirement Functions and Your Market Street Suite 500 Indianapolis, IN 46204. According to the IRS Code, Section 6041(A), form cannot be processed without it. If you have not received a confirmation notice Center at 888-526-1687, then press 2.	only once every twelve (12 ly 1, or October 1). This fove PERF-covered employment of your account. y selected investment dire 0%, or it will be returned. take effect. ed by filing this form with I) months, to take effective must be received an ent, and leave your rections. You must list Investments may only PERF at the following obtain your Social Sections.	et on the first day of the at least thirty (30) days noney with the Fund, all of your investment to be made in increments address:	
	10% 20% 30% 40	Nº/ 50º/ 60º/ 70	% 80% 90% 100%	
Guaranteed Fund				
Money Market Fund				
Bond Fund				
S&P 500 Index Fund				
US Small Companies Stock Fund				
The total of all	selections i	nust equa	al 100%	
I revoke any previous investment direction	s and hereby direct the a	bove investments, ef	fective this date.	
Member's Signature	 Date			